Montana Medicaid Claim Jumper

Emergency Department Claim Appeal Process

Hospitals and professionals may appeal reimbursement for emergency visits which the medical professional rendering the screening and evaluation determine are emergent but were only paid a screening and evaluation fee.

To request review, the hospital and/or the professional may send a letter requesting review to:

Mountain-Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602

You must include the client name, social security number, date of service and your Medicaid provider ID number or the ICN of the claim you wish reviewed. You must also include the Emergency Room Record/Report. The Emergency Room Record/Report needs to include the date and time of service. You may request multiple reviews on one letter.

If MPQHF is unable to determine from the Emergency Room Record/Report that an emergency condition existed, the medical professional who rendered the service will be sent a letter requesting information on why they believe an emergency existed. This information may be sent back to MPQHF by mail, by fax or may be a telephone call to MPQHF. Please do not send this information via e-mail due to confidentiality issues.

If this information is not received within 30 days, you will be notified that the review determined an emergency did not exist and you have the right to request a Fair Hearing within 30 days.

Emergency Room Record/Reports are reviewed by RNs to determine if an emergency condition exists. If the RN determines that an emergency condition did not exist the record is further reviewed by an MD (the State Medical Director). The reviews are conducted within two weeks of receiving all necessary information. If further review is needed by an MD, this is conducted within another two weeks.

If the review determines an emergency condition existed, the record will be sent to the Department for a claim adjustment to be made. This will then be sent to ACS within two weeks for processing of additional payment. ACS generally takes no longer than 4 weeks to process the additional payment.

If the review determines an emergency condition did not exist, you will be sent written notification of your right to request a Fair Hearing within 30 days.

Obstetric Observation Claims

For qualifying obstetric observation claims, billers must use revenue code 762 and a HCPCS 992xx observation code in addition to the G code. This is required for qualifying direct admits, ED, clinic visits, and critical care admits. This represents a deviation from Medicare guidelines and steps are being taken to remedy the situation.

For other qualifying observation claims (chest pain, asthma, and congestive heart failure), the additional code is not required.

EOB R&R Crosswalk

With the implementation of HIPAA, Medicaid discontinued the use of Medicaid EOB codes and began using standardized (i.e., Medicare) reason and remark codes (R&R). The EOB Reason & Remark Crosswalk document cross-references the HIPAA standard R&R codes to the Medicaid EOB codes. This resource can be referenced at *www.mtmedicaid.org* under "Other Resources" for each provider type.

WINASAP2003 Montana User Guide now available at www.mtmedicaid.org!

Last Chance For Fall Training Opportunities

There is still time to register for the Medicaid Training Seminar in Billings on November 10 and the Physician/ Outpatient Hospital focused training in Great Falls on November 19. Go to *www.mtmedicaid.org* and click on "Upcoming Events" for registration information.

If you do not have internet access, please contact Provider Relations (see contact information on page 4) for further information.

Fax Helps Providers Manage Team Care Clients

Team Care (TC), Medicaid's new utilization management program, requires clients to call Nurse First prior to seeking Medicaid payable services – except in emergent care situations. Upon completion of the call, Nurse First triage nurses then send a call summary fax to the client's PASSPORT provider. This fax is generated regardless of the nurse's care recommendation, and is intended to provide assistance in managing TC clients.

The "Patient Encounter Summary" fax provides basic information such as the date/time of the call, and client ID and demographics. Of note is the "nursing assessment" section, which provides the clinical algorithm used during the call and the triage nurse's comments, as well as the following information:

- **Algorithm recommendation** – Determines whether the client should seek emergency care, speak to their provider, make an "early illness appointment" within a specified timeframe, or care for symptoms at home, etc.

- **Nurse recommendation** – This is the recommendation the triage nurse gives the client. This advice may be the same as the algorithmic recommendation; however, it can be upgraded to a higher level of care based on the expertise of the nurse. It may never be downgraded below the algorithmic recommendation.

- **Patient/caller intent** – This is what the client intends to do after receiving the nurse's recommendation.

Some providers have asked what happens if a client does not call Nurse First prior to scheduling a visit. It is not Medicaid's intent to violate the patient/provider relationship. It is solely the PCP's discretion to provide services to the TC client. Medicaid will provide reimbursement as long as all PASSPORT rules and guidelines are followed.

Providers have also asked what occurs in the event that Nurse First does not recommend a client seek medical attention. Because Team Care is a utilization management and education program, we ask PCPs to provide client education during such visits and promote use of the Nurse First Advice Line. Again, Medicaid will provide reimbursement as long as all PASSPORT rules and guidelines are followed.

For more information about Team Care or Nurse First, contact Tedd Weldon in the Managed Care Bureau at (406) 444-1518, or e-mail him at *teweldon@state.mt.us.*

Dental Providers

Please note that the limit for the CDT code D9420 (hospital call) was raised July 1, 2004. The limit was raised from one person per day to a three person limit per day. Check the July 1, 2004 Dental Provider Manual Covered Services Chapter replacement pages for more specific information regarding the D9420 code.

Recent Publications

The following are brief summaries of publications regarding recent program policy changes. For details and further instructions, download the complete notice from the Provider Information website at *www.mtmedicaid.org*. Select "Resources by Provider Type" for a list of resources specific to your provider type. If you cannot access the information, contact provider relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Date Posted	*Provider Type(s)*	*Description*
Notices		
10/07/04	**Physician, Mid-level, Hospital, Psychiatric**	ED Claim Appeal Process (10/01/04)
Fee Schedules		
09/22/04	**Nursing Facilities**	Ancillary Service Fee Schedule (09/04)
09/15/04	**Commercial Transportation**	New Fee Schedule (07/04)
09/15/04	**Personal Transportation**	New Fee Schedule (07/04)
09/15/04	**Ambulance**	New Fee Schedule (07/04)
Manuals/Replacement Pages		
09/22/04	**Hospital Outpatient**	Updated Manual/Replacement Pages (09/04)
09/17/04	**All Providers**	Updated PASSPORT Manual/Replacement Pages (09/04)
09/16/04	**All Providers**	Updated Manual/Replacement Pages—Added Team Care and Nurse First information (09/04)
09/15/04	**Physician**	Updated Manual/Replacement Pages—Added Team Care information (09/04)
08/30/04	**School-based Providers**	Updated Manual/Replacement Pages—Audiology Services Defined (08/04)
Upcoming Events		
09/17/04	**Physician, Mid-level, Hospital Outpatient**	Training Announcement (10/04)
Other Resources		
10/07/04	**School-based Providers**	Medicaid Administrative Claiming Program (MAC) (10/04)
10/01/04	**Pharmacy**	Drug Use Review Formulary Committee Meeting Information (10/04)
09/13/04	**Pharmacy**	Preferred Drug List (10/04)
09/13/04	**Pharmacy**	Upcoming Classes for Drug Use Review (10/04)
09/13/04	**Pharmacy**	Drug Class Reviews (09/04)
09/13/04	**Pharmacy**	Mental Health Drug List Workgroup Information (09/04)
09/13/04	**Pharmacy**	Drug Use Review Board (09/04)

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

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Key Contacts

Provider Information website http://www.mtmedicaid.org
ACS EDI Gateway Website http://www.acs-gcro.com
ACS EDI Help Desk (800) 987-6719
Provider Relations (800) 624-3958 (in Montana)
(406) 442-1837 (Helena & out-of-state)
(406) 442-4402 fax
TPL (800) 624-3958 (in Montana)
(406) 443-1365 (Helena & out-of-state)
(406) 442-0357 fax
Direct Deposit Arrangements (406) 444-5283
Verify Client Eligibility
FAXBACK (800) 714-0075
Automated Voice Response (AVR) (800) 714-0060
Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944
PASSPORT (800) 624-3958
Prior Authorization
DMEOPS (406) 444-0190
Mountain-Pacific Quality Health Foundation (800) 262-1545
First Health (800) 770-3084
Transportation (800) 292-7114
Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604